URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 044766
STATE FILE NUMBER

FILED VS JAN – 4 1960

Registration District No. 3009 Primary Registration District No. 3043 Registrar's No. 400

ENDED

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HANNIBAL — Length of stay in 1b: 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St ELIZABETH HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MONROE
c. CITY OR TOWN: MONROE CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 321 - Second Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANCIS Middle MARION Last ROHR
4. DATE OF DEATH: Month DECEMBER Day 26 Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 3-10-70
9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DAY LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): STURGEON, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ISAC ROHR
13b. MOTHER'S MAIDEN NAME: MALINDIA DENNEY
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Francis Edwards Address: Monroe City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombosis Both legs
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 24 Dec 1959 to 26 Dec 1959 and last saw her/him alive on
Death occurred at 7.25 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wyatt Hamlin (Degree or title) MD
22b. ADDRESS: Hannibal Mo.
22c. DATE SIGNED: 12/29/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-28-59
23c. NAME OF CEMETERY OR CREMATORY: St JUDES CEMETERY
23d. LOCATION (City, town, or county) (State): MONROE CITY, MISSOURI
24. FUNERAL DIRECTOR: Wilson & Son ADDRESS: Monroe City, Mo
25. DATE RECD. BY LOCAL REG.: 12-29-59
26. REGISTRAR'S SIGNATURE: Dr. E M Leuty by Lellon M Hemo

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by me, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 3014

P. O. Address Monroe Cit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.